JUL 12 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

21637

1. PLACE OF DEATH
County _St Clair_
Township _Osage_
City _Village—Osage_

Registration District No. _764_
Primary Registration District No. _6008_

File No. _21637_
Registered No. _____

2. FULL NAME _Leota Marguret Carter_

(a) Residence, No. _____ St., _____ Ward.
(Usual place of abode)
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred _19_ yrs. _15_ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX _Female_
4. COLOR OR RACE _white_
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _married_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND of (OR) WIFE of _James R Carter_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _June-1-1895_

7. AGE
YEARS _39_
MONTHS _____
DAYS _20_
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _School teaching_

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _Music teacher_

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Bates Co Mo_

13. NAME _Thomas P Moore_ _Missouri_ (FATHER)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Missouri_

15. MAIDEN NAME _Mary Moore_ (MOTHER)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _Missouri_

17. INFORMANT (ADDRESS) _R R Moore_ _Collins Mo_

18. BURIAL, CREMATION, OR REMOVAL PLACE _Benton green_ DATE _June-22-38_

19. UNDERTAKER (ADDRESS) _F B Goodrich_ _Roscoe Mo_

20. FILED _June-22-19 38_ _Leota M Carter_ Registrar.
by J R Carter Deputy

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _June-21-1934_

22. I HEREBY CERTIFY, That I attended deceased from _Jan 6, 1934, to June-20, 1934._
I last saw her alive on _June 20, 1934._ Death is said to have occurred on the date stated above, at _3.60 p.m._
The principal cause of death and related causes of importance were as follows:

Tuberculosis Lungs
_2 yr_

Date of onset _____

Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) _E S Stratton_, M. D.
(Address) _Penny City_